SERFF Tracking Number: BNLI-126191492 State: Arkansas
Filing Company: Brokers National Life Assurance Company State Tracking Number: 42747

Company Tracking Number: BNL-2009-30

TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other

Product Name: Dental Vision Accidental Death & Dismemberment

Project Name/Number: Triple Combo/BNL-2009-30

Filing at a Glance

Company: Brokers National Life Assurance Company

Product Name: Dental Vision Accidental Death SERFF Tr Num: BNLI-126191492 State: ArkansasLH

& Dismemberment

TOI: H21 Health - Other SERFF Status: Closed State Tr Num: 42747

Sub-TOI: H21.000 Health - Other Co Tr Num: BNL-2009-30 State Status: Approved-Closed

Filing Type: Form Co Status: Reviewer(s): Rosalind Minor

Authors: Amy Irby, Mandi

Rodriguez, Holly Harrison

Date Submitted: 06/23/2009 Disposition Status: Approved-

Closed

Disposition Date: 06/24/2009

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Triple Combo Status of Filing in Domicile: Pending

Project Number: BNL-2009-30 Date Approved in Domicile:

Requested Filing Mode: Domicile Status Comments: Pending.

Explanation for Combination/Other: Market Type: Group

Submission Type: New Submission Group Market Size: Small and Large

Overall Rate Impact: Group Market Type: Employer

Filing Status Changed: 06/24/2009 Explanation for Other Group Market Type:

State Status Changed: 06/24/2009

Deemer Date: Corresponding Filing Tracking Number:

Filing Description:

Dental Vision Accidental Death & Dismemberment Combo Application

Company and Contact

Filing Contact Information

SERFF Tracking Number: BNLI-126191492 State: Arkansas
Filing Company: Brokers National Life Assurance Company State Tracking Number: 42747

Company Tracking Number: BNL-2009-30

TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other

Product Name: Dental Vision Accidental Death & Dismemberment

Project Name/Number: Triple Combo/BNL-2009-30

Mandi Rodriguez, Compliance Assistant mandi@bnlac.com

7010 Hwy 71 West (800) 798-1125 [Phone] Austin, TX 78735 (512) 383-8502[FAX]

Filing Company Information

Brokers National Life Assurance Company CoCode: 74900 State of Domicile: Arkansas

7010 Hwy 71 West Group Code: Company Type:

Suite 100

Austin, TX 78735 Group Name: State ID Number:

(800) 798-1125 ext. [Phone] FEIN Number: 63-0483783

Company Tracking Number: BNL-2009-30

TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other

Product Name: Dental Vision Accidental Death & Dismemberment

Project Name/Number: Triple Combo/BNL-2009-30

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes

Fee Explanation: \$50.00 per filing.

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Brokers National Life Assurance Company \$50.00 06/23/2009 28763194

Company Tracking Number: BNL-2009-30

TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other

Product Name: Dental Vision Accidental Death & Dismemberment

Project Name/Number: Triple Combo/BNL-2009-30

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Rosalind Minor	06/24/2009	06/24/2009

Company Tracking Number: BNL-2009-30

TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other

Product Name: Dental Vision Accidental Death & Dismemberment

Project Name/Number: Triple Combo/BNL-2009-30

Disposition

Disposition Date: 06/24/2009

Implementation Date: Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Company Tracking Number: BNL-2009-30

TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other

Product Name: Dental Vision Accidental Death & Dismemberment

Project Name/Number: Triple Combo/BNL-2009-30

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Dental Vision Accidental Death & Dismemberment Application	Approved-Closed	Yes

Company Tracking Number: BNL-2009-30

TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other

Product Name: Dental Vision Accidental Death & Dismemberment

Project Name/Number: Triple Combo/BNL-2009-30

Form Schedule

Lead Form Number: DVADD-APP(2009)

Review	Form	Form Type	Form Name	Action	Action Specific	Readability	Attachment
Status	Number				Data		
Approved-	DVADD-	Application	Dental Vision	Initial			DVADD-
Closed	APP(2009)	Enrollment	Accidental Death &				APP(2009).pd
		Form	Dismemberment				f
			Application				



BROKERS NATIONAL LIFE ASSURANCE COMPANY
Domiciled in the State of Arkansas
Administrative Office: 7010 Hwy 71 West, Suite 100, Austin, Texas 78735

Dental / Vision /	AD&D	Application
	Payrol	ll Deduction

Phone: 512-383-0220										
	Division	Division No.				Billing ID No.				
Employer						Request	ed Effectiv	e Date		/ 01 /
Applicant Name						SSN		_	_	
DOB / /	Age		Sex	☐ M	□F	Date of	Hire	/		/
Home Address	,	'		City		'	State		Zip	
Home Telephone ()	_			E-mai	1	,				
LEVEL OF COVERAGE: Appli	cant Only [Applican	ıt & S	pouse	☐ Appl	licant & C	hild(ren)	☐ Aŗ	plican	it & Family
☐ GROUP DENTAL INSURANC	E Choose O	ne: 🔲 Pl	an A	\square P	lan B	Basic Plu	18			
☐ GROUP VISION INSURANCE	– PLAN A	Vision Pro	ogram	is choses	n by your I	Employer				
☐ INDIVIDUAL ACCIDENTAL D	EATH & D	ISMEMBE	RME	NT IN	ISURAN	ICE				
Choose One: 🔲 \$10,000 🔲 \$	320,000	\$30,000	3 \$40	0,000	\$50,0	00				
Child(ren) Maximum Coverage is	\$10,000 per C	Covered Chi	ld							
DEPENDENTS (If applying for Depend	ent Coverage)									
Spouse		SSN	_	-	_	DOB	1	1	S	Sex M F
Child (your dependent child(ren) only)	DOB	Sex	C	Child (yo	our depende	ent child(rei	n) only)	DC	DВ	Sex
1.	/ /	□ M □	F 4					1	/	□ M □ F
2.	/ /	□M □	F 5	•				/	/	□ M □ F
3.	1 1	□M □	F 6					1	/	□ M □ F
BENEFICIARY (If applying for Individu	al Accidental L	Death & Disn	nembe	erment)						
		Applicar	nt's					Spouse's	S	
Beneficiary Name										
Beneficiary Name Relationship to the Insured and Age				Age	2					Age
Relationship to the Insured and Age	pendent child	ren's benefi	ciary			ary insured	1.			Age
Relationship to the Insured and Age			ciary			ary insured	1.			Age

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. (Except in Colorado, Florida, Georgia, Kentucky, Louisiana, Maine, Nebraska, Oregon, Pennsylvania, Tennessee, Utah & Washington) In Colorado, it is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. In Florida, any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree. In Georgia, Nebraska, Oregon & Utah, any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud. In Kentucky, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. In Louisiana, any person who knowingly presents false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. In Maine & Washington, it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. In Pennsylvania, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. In Tennessee, it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of coverage. I authorize my employer to make the necessary deductions from my salary to pay the premiums to Brokers National Life Assurance Company.

I authorize my employer to make the necessary deductions from my salary to pay the premiums to Brokers National Life Assurance Company. Such deductions shall continue until: 1. Termination of my employment, 2. Written notice of cancellation by me, or 3. Termination of the insurance plan(s). I represent that I am not presently disabled and I am performing all the duties of my occupation at least 30 hours per week.

All statements in this application are deemed representations and not warranties.

			e? No S			Policy # Yes		
Dated at	City		State	Date	_ X	Applicant's Signatu	re	
X	Witnessed	by: Licensed Ag	ent	X	·)			
Writing Agent Name				Agent #	Agent # Agent License ID#			
Splitting Agent Name (if applicable)						Agent #		
			For Ho	ome Office Use C	Only			
Plan Notes:	State	FR#	EPSI#	WP	OE	Effective Date	1 / 15	
140003.						Alpha Checked		

Company Tracking Number: BNL-2009-30

TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other

Product Name: Dental Vision Accidental Death & Dismemberment

Project Name/Number: Triple Combo/BNL-2009-30

Rate Information

Rate data does NOT apply to filing.

Company Tracking Number: BNL-2009-30

TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other

Product Name: Dental Vision Accidental Death & Dismemberment

Project Name/Number: Triple Combo/BNL-2009-30

Supporting Document Schedules

Review Status:

Bypassed -Name: Flesch Certification Approved-Closed 06/24/2009

Bypass Reason: N/A.

Comments:

Review Status:

Satisfied -Name: Application Approved-Closed 06/24/2009

Comments:

Application only. Please see Form Schedule.

Bypassed -Name: Health - Actuarial Justification Approved-Closed 06/24/2009

Bypass Reason: N/A; form only.

Comments:

Review Status:

Bypassed -Name: Outline of Coverage Approved-Closed 06/24/2009

Bypass Reason: N/A.

Comments: